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48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

NAME OF COMMITTEE IN FULL Friends of John Delaney]	
ADDRESS (number and street) PO Box 70835			_	
CITY, STATE, and ZIP CODE Bethesda	MD 208 ²	13	_	
2. NAME OF CANDIDATE John K. Delaney	3. OFFICE SOUGHT (State and District) House MD 06		4. FEC IDENTIFICATION NUMBER C00508416	
5. ISTHIS AN AMENDMENT? NO, THIS IS A NEW FILING	YES, IT AMENDS THE NOTICE FILED ON		/	/
A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month, day, year)	Amount
Mrs. Elizabeth Galvin	Self-employed		04/09/2016	2700.00
4831 Indian Ln NW			04/09/2010	2700.00
	Transaction ID : C21733738 Occupation			
Washington DC 20016-3203	philanthropy and law			
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month, day, year)	Amount
	Occupation			
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month, day, year)	Amount
	Occupation			
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation		Date (month, day, year)	Amount
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation		Date (month, day, year)	Amount
SIGNATURE (optional) April Delaney	[Electronically Filed]		For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100	

Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.



: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: F6N Transaction ID:

Report is amended to correct election designation and CTD total for donor Brian Graham. Original report was incorrect due to duplicate records for Mr. Graham.

Form/Schedule: Transaction ID: